



2016 US ARMY MARKSMANSHIP UNIT ACTION SHOOTING JUNIOR CLINIC

OCTOBER 21 – OCTOBER 23, 2016
KRILLING RANGE
FORT BENNING, GA



PRE-REGISTRATION FORM BEFORE YOU REGISTER, PLEASE NOTE THAT YOU MUST BE CLASSIFIED IN EITHER USPSA OR IDPA TO BE IN THE CLINIC

PARTICIPANT'S NAME: _____

BIRTH DATE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

USPSA/IDPA Classification: _____ Years' experience: _____

SHIRTS ARE \$20.00 A PIECE SIZE: _____ HOW MANY: _____

Email Mrs. Peel about checks and payments, please.

PLEASE CHECK BLOCK IF ATTENDING WITH JUNIOR

☐ PARENT/GUARDIAN NAME: _____

PHONE #: _____ EMAIL: _____

**PLEASE INCLUDE A SHORT BIOGRAPHY OF YOURSELF. TELL US ABOUT YOUR
SHOOTING EXPERIENCE TO DATE AND FUTURE GOALS IN THE SHOOTING SPORTS.**

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Please fill out pre-registration form and waiver and hold harmless agreement.

E-mail to SFC Buss NO LATER THAN SEPTEMBER 15, 2016
Actionshooting2004@gmail.com OR michael.j.buss.mil@mail.mil

or

Mail to:
USAMU Action Shooting Team
7031 Bills Street, Bldg 243
Fort Benning, GA 31905

Point of Contact:
SFC Michael Buss
Phone: 706-545-8408

BIOGRAPHY

Give a brief summary of your shooting experiences and proceed to the questionnaire.

- 1.) What do you want to learn from the professionals?
- 2.) Why do you want to be at the USAMU Junior Clinic?
- 3.) What is your worst moment and your best moment in the shooting sports?
- 4.) What are some training drills you like to do at the range, and what do you do indoors for practice on a rainy day?
- 5.) How often do you dry fire?